



राष्ट्रीय औषधीय शिक्षा एवं अनुसंधान संस्थान, अहमदाबाद
(औषध विभाग, रसायन एवं उर्वरक मंत्रालय, भारत सरकार)

NATIONAL INSTITUTE OF PHARMACEUTICAL
EDUCATION AND RESEARCH (NIPER) - AHMEDABAD
(DEPT. OF PHARMACEUTICALS, MINISTRY OF CHEMICALS AND FERTILIZERS, GOI)

Travelling Allowance Bill for Visiting Faculty

Form No.:A01

Name : _____ Date of Visit.....

Subject/ Topic Taken _____

Lecture Start Time.....Lecture Close time.....Duration of Lecture.....

(1) PARTICULAR OF JOURNEY EXPENDITURE:										
Departure			Arrival			Journey Details				
Station	Date	Hour	Station	Date	Hour	Mode Rail/Ai r/ Road	Clas s	Mileage (km) if road	Fare (Rs.)	Ticket Number
(1) TOTAL JOURNEY EXPENDITURE Rs.										

(2) PARTICULAR OF ACCOMMODATION EXPENDITURE:					
Hotel/Guest House Name	Address & City	Stay Period From	Stay Period To	Invoice No.	Amount Rs.
(2) TOTAL ACCOMMODATION EXPENDITURE :					
Declaration: I Certify that, the above amount was paid by me and details given above are true and correct.					

(3) PARTICULAR OF FOOD EXPENDITURE		
Date	Particulars	Amount Rs.
(3) TOTAL FOOD EXPENDITURE :		
Declaration: I Certify that, the above amount was paid by me and details given above are true and correct.		

(4) PARTICULAR OF LOCAL TRAVEL EXPENDITURE:						
Date	Local Travel From	Local Travel To	KM's	Details of vehicle used(vehicle no. etc.)	Invoice No.	Amount Paid (Rs.)

(4) TOTAL LOCAL TRAVEL EXPENDITURE :

Declaration: I Certify that, the above amount was paid by me and details given above are true and correct.

(5) PARTICULAR OF OTHER EXPENDITURE (IF ANY):

Date	Particulars	Invoice No.	Amount Rs.
(5) TOTAL OTHER EXPENDITURE :			

Total Claim (1+2+3+4+5) = ₹ _____

₹ Net Claim _____ **₹**

Details of Bank Account

1.	Name of Account Holder	
2.	Bank Name & Branch	
3.	Account No. & Type of Account	
4.	IFSC Code	
5.	Contact No.	

Certification: I certify that...

- i. I actually travelled in the Class which is mentioned.
- ii. I did not perform the journey free of charges or without payment or incurring in running expenses.
- iii. I performed all parts of the journey as certified.
- iv. Hiring of taxi was essential and road mileage is not claimed from any other source

Number of Enclosures: Date: Signature of Visiting Faculty:

Dealing Faculty/Staff

Dean

For Finance and Accounts Section

Passed for Payment of Rs..... (in words.....)

Dealing Assistant

Accountant

Internal Auditor

FAO

Registrar

Director